

Seneca Baptist Kindergarten Registration

2012 - 2013

To be filled out by parent or guardian upon registration

Enrollment Date: _____

Child's Name: _____ Birthdate: _____
Last First Middle

Name child is called: _____ Sex _____

Address: _____
City State Zip

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

Allergies: Food allergies: _____

Medicines: _____

Other: _____

Dietary Restrictions: _____

Regularly attend church _____ Where: _____

Child will generally be picked up and dropped off by: _____

Please list any persons who are UNAUTHORIZED to pick up your child: _____

Marital Status: _____

Mother's Name: _____
Last First M

Address if different from child: _____

Employer: _____ Work Phone: _____ Cell _____

Occupations: _____

Father's Name: _____
Last First M

Address if different from child: _____

Employer: _____ Work Phone: _____ Cell _____

Occupations: _____

Siblings:

	<u>Name</u>	<u>Sex</u>	<u>Birth date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Whom shall we contact in case of an emergency if we are not able to reach parents?

- Name: _____ Relationship: _____ Phone: _____
Address: _____ Cell or Work #: _____
- Name: _____ Relationship: _____ Phone: _____
Address: _____ Cell or Work #: _____

Name of program where your child had previous child care placement (if applicable)

How did he/she adjust: _____

List any behavior habits (biting, tantrums, nail biting, thumb sucking, etc.) _____

Describe any childhood illnesses and or serious injuries we need to be aware of: _____

Does your child have eating problems? If so, describe: _____

Can your child be relied upon to indicate his/her bathroom needs? _____

EMERGENCY MEDICAL CARE:

IF THE STAFF DETERMINS THAT MEDICAL CARE IS NEEDED, EVERY POSSIBLE EFFORT WILL BE MADE TO FIRST CONTACT THE PARENT SO THAT THE PARENT CAN HELP IN PLANNING FURTHER STEPS TO BE TAKEN IN THE PARTICULAR SITUATION. IF EMERGENCY MEDICAL ATTENTION IS NEEDED AND THE PARENT CANNONT BE REACHED OR THERE IS NO TIME TO REACH THE PARENT FIRST, I GIVE PERMISSION FOR THE STAFF OF SENECA BAPTIST KINDERGARTEN TO SECURE MEDICAL TREATMENT FOR MY CHILD.

CHILD'S PHYSICIAN: _____
Name

Address Phone

I HAVE READ THE ABOVE INFORMATION REGARDING EMERGENCY CARE AND THE RELEASE PERMIT. I AGREE TO THE TERMS SET FORTH.

PARENTS SIGNATURE: _____ DATE _____

Additional information you feel we need to know about your child: _____

